

PO7000107762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**Rivera, Maribel**

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**From:** pmarley@virtualincorporator.com on behalf of support@floridaincorporator.com  
**Sent:** Sunday, March 13, 2011 4:00 PM  
**To:** CorpAddressChange  
**Cc:** support@floridaincorporator.com  
**Subject:** CREDIT HEAVEN INC - P07000107762 - Request for change of business address

To Florida Department of State - Division of Corporations -  
[corpaddresschange@dos.state.fl.us](mailto:corpaddresschange@dos.state.fl.us),

This is a request for change of address for:

Business Name: CREDIT HEAVEN INC  
Document Number: P07000107762

This request for change of address was submitted to us by:

Representative Name: Ada Johansen  
Phone Number: 305 274-4705

The new business address(es) is/are:

Principal Address

5201 Blue Lagoon Dr. 823  
Miami FL 33126 US

Mailing Address

5201 Blue Lagoon Dr. 823  
Miami FL 33126 US

If you have any questions or concerns, feel free to contact our Support Team  
at [support@floridaincorporator.com](mailto:support@floridaincorporator.com).

Best regards,

Support Team  
Florida Incorporator™  
Phone: 1-888-800-9573  
Fax: 1-800-824-4954  
Email: [support@FloridaIncorporator.com](mailto:support@FloridaIncorporator.com)  
<http://www.FloridaIncorporator.com>

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